STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

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RECEIVED

APR 1 5 2019

1 Name of Lobbyistis) ELLEN	(= 40133		AFR 13 2013
1. Name of Lobbyist's partnership, firm or corporation, if any:			NEW HAMPSHIRE DEPARTMENT OF STATE
(Name of partnership. lirm	or corporation)		
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
• •	•		
() (Telephone)	(Fax	e-mail	
III. This statement covers: (Choose one reportable expense transactions which a	re not attributable	to any one client).	
All reportable transactions occurring in		the reporting date relative	to the following client:
CORNERSTONE ACTI	10N		
(Full Name of Client	t as it appears on the Lo	obbyisi Registration Form)	
All reportable transactions by the lobby unrelated to any particular client.	rist (including the lob	obyist's family), or the lobb	oying firm listed below which are
IV. Date of Report April 24, 2019 Reports cover: activity from date of registr		July 31, 2019 activity from 4/1/19 to 6/3	
October 30, 2019 activity from 7/1/19 to		January 29, 2020 activity from 10/1/19 to 1	
V. There have been no fees received If this box is checked, complete just this for Concord, NH 03301.	and no reportable	e transactions made sin he Secretary of State's Offi	ce the last report. Ce, State House, Room 204,
VI. Check if additional reports are attac	:hed:		
If you have received fees or made exp			
☐ If you have paid an honorarium or rein Expense Reimbursement	inbursed expenses, ye	ou must file Addendum B-	- Report of Honorariums or
☐ If you, your firm, or your family has n	nade political contrib	outions, you must file Adde	endum C- Political Contribution
Sworn Statement/Affirmation by Lobby	vist		
I have read RSA 15, RSA 15-B, RSA 14-C and complete to the best of my knowledge	Cand RSA 664 and h	nereby swear or affirm that	the foregoing information is true
(Signature of lobbyis) ELLEN G. KOLB (Brist Name of lobbyis)			(Date)

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STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) ELLEN G. KOB	
II. Name of lobbyist's partnership, firm or corporation, if any:	
(Name of partnership, firm or corporation)	
III. Name of Client CORNERSTONE ACTION	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a)\$ <u>3660.75</u>
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$
c) Total of all fees received to date (Add lines a and b)	0)\$ 3660.75
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business st than \$10 that is given to the person ad with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a ter than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	1) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	s
	sØ
	\$ Ø
	s Ø
	s
	s Ø
•	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	gogc
Alex a-Koll	4/14/19
(Signature of lobbyist)	(Date)
ELLEN G. KOLB	
(Print Name of lobbyist)	